

Cowley County Survey
2002-2003
(October 18, 2002)
(Revised 3/26/03 due to re-coding)

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Interviewer's Script

HELLO, I'm calling for the Community Health Intervention Program within the Kansas Department of Health and Environment. My name is (name) . We're gathering information on the health of Cowley County residents. You have been chosen randomly, and I'd like to ask some questions about health and health practices.

Is this (phone number) ? If "no" Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

Is this a private residence? If "no" Thank you very much, but we are only interviewing private residences. **Stop**

Is this residence located in Cowley County, Kansas? If "no" Thank you very much, but we are only interviewing residences located in Cowley County. **Stop**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). Go to page 2

If "no" Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with [fill in (him/her) from previous question]? Go to "correct respondent" at bottom of page

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____ .

If "**you**", continue with following script:

To correct respondent HELLO, I'm (name) calling for Community Health Intervention Program within the Kansas Department of Health and Environment. We're gathering information on the health of Cowley County residents. You have been chosen randomly to be interviewed, and I'd

like to ask some questions about health and health practices. I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you give me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

Section 1: Health Status

1.1 Would you say that in general your health is:

Interviewer, please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read these responses:

- 7 Don't know / Not sure
- 9 Refused

1.2 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

__ __ Number of days

- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

1.3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

__ __ Number of days

- 8 8 None **If Q1.2 also "None," go to Q2.1**
- 7 7 Don't know / Not sure
- 9 9 Refused

1.4 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as a self-care, work, or recreation?

- ___ ___ Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 2: Health Care Access

2.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

2.2 Do you have one person you think of as your personal doctor or health care provider?

- 1 Yes, only one
- 2 More than one
- 3 No
- (If "No," ask: "Is there more than one or is there no person who you think of?")
- 7 Don't know / Not sure
- 9 Refused

2.3 Was there a time during the past 12 months when you needed to see a doctor but could not because of the cost?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 3: Cardiovascular Disease Awareness

3.1 What do you think is the one greatest health problem facing your community today?
[Analysis Note: Other category (3.1=19) recoded after data collection due to large number of specific responses. This created categories "20" through "27".]

[Interviewer: Do not read the following responses]

- 1 Alcoholism/alcohol abuse
- 2 Breast Cancer
- 3 Cancer (in general or other specific type)
- 4 Diabetes
- 5 Drug abuse or addiction
- 6 Flu or Pneumonia
- 7 Heart disease
- 8 HIV/AIDS
- 9 Injuries / Accidents
- 10 Mental illnesses / depression
- 11 Overweight or obesity
- 12 Prostate Cancer
- 13 Smoking
- 14 Stroke
- 15 Suicide
- 16 Teen Pregnancy
- 17 Terrorism / bioterrorism
- 18 Violent crime
- 19 Other (specify: _____)
- 20 No health insurance/Cost of insurance/Insurance changes and problems
- 21 Cost of medical/health care
- 22 Cost of prescription drugs
- 23 Cost of both medical care and prescription drugs
- 24 Lack of doctors/Access to doctors or other health professionals
- 25 Pollution/Contaminated water and food/Water supply concerns
- 26 Aging/Elderly care
- 27 Stress
- 77 Don't know / not sure
- 99 Refused

- 3.2 What do you think is the one greatest health problem facing women today? (AHA)
[Analysis Note: Other category (3.2=18) recoded after data collection due to large number of specific responses. This created categories "19" through "23".]

[Interviewer: Do not read the following responses]

- 1 Alcoholism/alcohol abuse

- 2 Breast Cancer
- 3 Cancer (in general or other specific type)
- 4 Diabetes
- 5 Drug abuse or addiction
- 6 Flu or Pneumonia
- 7 Heart disease
- 8 HIV/AIDS
- 9 Injuries / Accidents
- 10 Mental illnesses / depression
- 11 Overweight or obesity
- 12 Smoking
- 13 Stroke
- 14 Suicide
- 15 Teen Pregnancy
- 16 Terrorism / bioterrorism
- 17 Violent crime
- 18 Other (specify: _____)
- 19 No health insurance/Cost of insurance/Insurance changes and problems
- 20 Cost of medical/health care
- 21 Doctors not listening, understanding or taking patient seriously about problems or concerns
- 22 Lack of doctors or Shortage of doctors that specialize in women's health
- 23 Stress
- 77 Don't know / not sure
- 99 Refused

3.3 What do you think is the one greatest health problem facing men today?
[Analysis Note: Other category (3.3=17) recoded after data collection due to large number of specific responses. This created categories "18" through "21".]

[Interviewer: Do not read the following responses]

- 1 Alcoholism/alcohol abuse
- 2 Cancer (in general or other specific type)
- 3 Diabetes
- 4 Drug abuse or addiction
- 5 Flu or Pneumonia
- 6 Heart disease
- 7 HIV/AIDS
- 8 Injuries / Accidents
- 9 Mental illnesses / depression
- 10 Overweight or obesity
- 11 Prostate Cancer
- 12 Smoking

- 13 Stroke
- 14 Suicide
- 15 Terrorism / bioterrorism
- 16 Violent crime
- 17 Other (specify: _____)
- 18 No health insurance/Cost of insurance/Insurance changes and problems
- 19 Not going to the doctor or getting regular check-ups or physicals
- 20 Cost of medical care
- 21 Stress/Anxiety/Fear
- 77 Don't know / not sure
- 99 Refused

- 3.4 As far as you know, what is the leading cause of death for all women? (AHA)
[Analysis Note: Other category (3.4=17) recoded after data collection due to large number of specific responses. This created category "18".]

[Interviewer: Do not read the following responses]

- 1 Alcoholism/alcohol abuse
- 2 Breast Cancer
- 3 Cancer (in general or other specific type)
- 4 Diabetes
- 5 Drug abuse or addiction
- 6 Flu or Pneumonia
- 7 Heart disease
- 8 HIV/AIDS
- 9 Injuries / Accidents
- 10 Mental illnesses / depression
- 11 Overweight or obesity
- 12 Smoking
- 13 Stroke
- 14 Suicide
- 15 Terrorism / bioterrorism
- 16 Violent crime
- 17 Other (specify: _____)
- 18 Age/Old Age
- 77 Don't know / not sure
- 99 Refused

- 3.5 As far as you know, what is the leading cause of death for all men?
[Analysis Note: Other category (3.5=17) recoded after data collection due to large number of specific responses. This created category "18".]

[Interviewer: Do not read the following responses]

- 1 Alcoholism/alcohol abuse
- 2 Cancer (in general or other specific type)
- 3 Diabetes
- 4 Drug abuse or addiction
- 5 Flu or Pneumonia
- 6 Heart disease
- 7 HIV/AIDS
- 8 Injuries / Accidents
- 9 Mental illnesses / depression
- 10 Overweight or obesity
- 11 Prostate Cancer
- 12 Smoking
- 13 Stroke
- 14 Suicide
- 15 Terrorism / bioterrorism
- 16 Violent crime
- 17 Other (specify: _____)
- 18 Age/Old Age
- 77 Don't know / not sure
- 99 Refused

- 3.6 Based on what you know, what are the major causes of heart disease? (AHA)
[Analysis Note: Other category (3.6=16) recoded after data collection due to large number of specific responses. This created category "17".]

[Interviewer: Do not read the following responses, MARK ALL THAT APPLY]

- 1 A family history of heart disease
- 2 Aging
- 3 Being overweight
- 4 Diabetes
- 5 Drinking Alcohol
- 6 High Blood Pressure
- 7 High Cholesterol
- 8 High Triglycerides
- 9 Low level of estrogen
- 10 Menopause

- 11 Not exercising
- 12 Smoking
- 13 Stress
- 14 Stroke
- 15 Race
- 16 Other (specify: _____)
- 17 Poor diet/Bad habits/Lifestyle
- 77 Don't know / not sure
- 99 Refused

Now I would like to discuss ways to prevent heart disease.

3.7 Which of the following activities do you believe can prevent or reduce the risk of getting heart disease? (AHA)

a)..... Quitting smoking?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

b)..... Getting physical exercise?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

c)..... Taking special vitamins like E, C or A?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

d)..... Losing weight?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

e)..... Reducing dietary cholesterol intake?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

f)..... Reducing stress?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

g)..... Taking multivitamins with folic acid?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

h)..... Taking hormone replacement therapy?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

i)..... Reducing sodium or salt in the diet?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

j)..... Reducing animal products in your diet (such as meat, whole milk, butter and cream)?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

k)..... Aromatherapy?

- 1 Yes

- 2 No
- 7 Don't know / Not sure
- 9 Refused

3.8 What is your primary source for health related information?
[Analysis Note: Other category (3.8=10) recoded after data collection due to large number of specific responses. This created categories "11" through "14".]

- 1 Newspaper
- 2 Radio
- 3 Television
- 4 Magazines
- 5 Web sites/Computer
- 6 Doctor or other health professional
- 7 Local health department
- 8 Educational materials or handouts
- 9 Personal references (friends, family, or neighbors)
- 10 Other (specify:_____)
- 11 Other Literature/Books/Media
- 12 Work/School/Classes
- 13 Self/Personal Experience
- 14 Insurance Company/Hospital
- 88 None
- 77 Don't know / not sure
- 99 Refused

Section 4: Exercise

4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 5: Diabetes

5.1 Have you ever been told by a doctor that you have diabetes?

- 1 Yes
(If "Yes" and respondent is female, ask: "Was this only when you were pregnant?")
- 2 Yes, but female told only during pregnancy

- 3 No
- 7 Don't know / Not sure
- 9 Refused

Section 6: Diabetes (Optional CDC Module)

If respondent has been diagnosed with diabetes [Q5.1 = "yes"], continue.

6.1 How old were you when you were told you have diabetes?

__ __ Code age in years [97 = 97 and older]

7 7 Don't know/ Not sure

9 9 Refused

6.2 Are you now taking insulin?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

6.3 Are you now taking diabetes pills?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

6.4 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

1 __ __ Times per day

2 __ __ Times per week

3 __ __ Times per month

4 __ __ Times per year

8 8 8 Never

7 7 7 Don't know / Not sure

9 9 9 Refused

6.5 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

1 __ __ Times per day

2	—	—	Times per week
3	—	—	Times per month
4	—	—	Times per year
8	8	8	Never
5	5	5	No feet
7	7	7	Don't know / Not sure
9	9	9	Refused

6.6 Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

1	Yes
2	No
7	Don't know / Not sure
9	Refused

6.7 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

—	—	Number of times [76 = 76 or more]
8	8	None
7	7	Don't know / Not sure
9	9	Refused

6.8 A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"?

—	—	Number of times [76 = 76 or more]
8	8	None
9	8	Never heard of hemoglobin "A one C" test
7	7	Don't know / Not sure
9	9	Refused

If "no feet" to Q6.5, go to Q6.10

6.9 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

—	—	Number of times [76 = 76 or more]
8	8	None
7	7	Don't know / Not sure
9	9	Refused

- 6.10 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

[Read only if necessary]:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 8 Never
- 7 Don't know / Not sure
- 9 Refused

- 6.11 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 6.12 Have you ever taken a course or class in how to manage your diabetes yourself?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 7: Diabetes Accessory (KS State-added Module)

If respondent has been diagnosed with diabetes [core 5.1 = "yes"], continue. Otherwise, skip to next module.

- 7.1 Is paying for your diabetes supplies a problem?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

- 7.2 When you go to your doctor for your diabetes, are you usually told to remove your socks and shoes before you see the doctor?

- 1 Yes

- 2 No
- 7 Don't know / not sure
- 9 Refused

7.3 Who decides when you need your next diabetes check-up?

[Read only if necessary]:

- 1 My doctor/health care provider schedules my appt.
- 2 I make an appointment when I think I need one
- 3 I don't make an appointment / I walk in
- 4 Doesn't go for diabetes check-ups
- 5 Other (specify:_____)

[Do not read the following responses]:

- 7 Don't know / not sure
- 9 Refused

7.4 Were you hospitalized during the past two years?

- 1 Yes
- 2 No **Go to next module**
- 7 Don't know/not sure **Go to next module**
- 9 Refused **Go to next module**

7.5 What was the reason for your most recent hospitalization?

- 01 Heart disease
- 02 Stroke
- 03 Diabetes
- 04 Infection
- 05 Amputation
- 06 Kidney problems
- 07 Eye problems
- 08 Numbness, tingling or pain in legs or feet
- 09 High blood pressure
- 10 Low blood sugar
- 11 Ketoacidosis (DKA) or diabetic coma
- 12 Other (specify:_____)
- 77 Don't know/not sure
- 99 Refused

Section 8: Hypertension Awareness

8.1 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- 1 Yes
- 2 Yes (If "Yes", but if female told only during pregnancy) [Go to next section]
- 3 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

8.2 Are you currently taking medicine for your high blood pressure?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 9: Cholesterol Awareness

9.1 Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

9.2 About how long has it been since you last had your blood cholesterol checked?

Interviewer, read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

9.3 Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 10: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

10.1 How often do you drink fruit juices such as orange, grapefruit or tomato?

- | | |
|--------|-----------------------|
| 1__ __ | Per day |
| 2__ __ | Per week |
| 3__ __ | Per month |
| 4__ __ | Per year |
| 5 5 5 | Never |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |

10.2 Not counting juice, how often do you eat fruit?

- | | |
|--------|-----------------------|
| 1__ __ | Per day |
| 2__ __ | Per week |
| 3__ __ | Per month |
| 4__ __ | Per year |
| 5 5 5 | Never |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |

10.3 How often do you eat green salad?

- | | |
|--------|-----------------------|
| 1__ __ | Per day |
| 2__ __ | Per week |
| 3__ __ | Per month |
| 4__ __ | Per year |
| 5 5 5 | Never |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |

10.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

- | | |
|--------|-----------|
| 1__ __ | Per day |
| 2__ __ | Per week |
| 3__ __ | Per month |
| 4__ __ | Per year |
| 5 5 5 | Never |

7 7 7 Don't know / Not sure
9 9 9 Refused

10.5 How often do you eat carrots?

1__ __ Per day
2__ __ Per week
3__ __ Per month
4__ __ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

10.6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?

1__ __ Per day
2__ __ Per week
3__ __ Per month
4__ __ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

Section 11: Weight Control

11.1 Are you now trying to lose weight?

1 Yes **[Go to Q11.3]**
2 No
7 Don't know / Not sure
9 Refused
8 Skip Error

11.2 Are you now trying to maintain your current weight that is to keep from gaining weight?

1 Yes
2 No **[Go to Q11.6]**
7 Don't know / Not sure **[Go to Q11.6]**
9 Refused **[Go to Q11.6]**
8 Skip Error

11.3 Are you eating either fewer calories or less fat to...

lose weight? **[if "Yes" on Q11.1]**

keep from gaining weight? [If "Yes", on Q11.2]

- 1 Yes, fewer calories
- 2 Yes, less fat
- 3 Yes, fewer calories and less fat
- 4 No
- 7 Don't know / Not sure
- 9 Refused
- 8 Skip Error

11.4 Are you using physical activity or exercise to lose weight or keep from gaining weight?

lose weight? [if "Yes" on Q11.1]

keep from gaining weight? [If "Yes" on Q11.2]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused
- 8 Skip Error

11.5 How much would you like to weigh?

- | | |
|-------|-----------------------|
| — — | Weight pounds |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |
| 8 8 8 | Skip Error |

11.6 In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No
- 7 Don't know / Not sure
- 9 Refused

Section 12: Tobacco Use

12.1 Have you smoked at least 100 cigarettes in your entire life?

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

12.2 Do you now smoke cigarettes every day, some days, or not at all?

- 1 Everyday
- 2 Some days
- 3 Not at all [Go to next section]
- 9 Refused [Go to next section]

12.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 13: Alcohol Consumption

13.1 A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you drink at least one of any alcoholic beverage?

- 1__ __ Days per week
- 2__ __ Days in past 30
- 8 8 8 No drinks in past 30 days [Go to next section]
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused [Go to next section]

13.2 On the days when you drank, about how many drinks did you drink on the average?

- __ __ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

13.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

- __ __ Number of times
- 8 8 None

7 7 Don't know / Not sure
9 9 Refused

Section 14: Cardiovascular Disease (Physician Counseling)

14.1 Have any of your doctors ever discussed heart disease with you when discussing your health?

1 Yes
2 No [Go to Q14.3]
7 Don't know / not sure [Go to Q14.3]
9 Refused [Go to Q14.3]

14.2 Has a doctor or other health professional advised you that you are at increased risk for cardiovascular disease or heart attacks?

1 Yes
2 No
7 Don't know / not sure
9 Refused

14.3 Has a doctor or other health professional discussed with you the risks and benefits associated with daily intake of aspirin to help prevent heart attacks?

1 Yes
2 No
7 Don't know / not sure
9 Refused

Section 15: Demographics

15.1 What is your age?

__ __ Code age in years

0 7 Don't know / Not sure
0 9 Refused

15.2 Are you Hispanic or Latino?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

15.3 Which one or more of the following would you say is your race?

Interviewer, please read:

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or Other Pacific Islander
- 5 White

Or

- 6 Other

Do not read these responses:

- 7 Don't know / Not sure
- 8 No additional choice
- 9 Refused

If more than one response to Q15.3, continue. Otherwise, go to Q15.5

15.4 Which one of these groups would you say best represents your race?

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or Other Pacific Islander
- 5 White
- 6 Other
- 7 Don't know / Not sure
- 8 Refused

15.5 Are you?

Interviewer, please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

- Or
6 A member of an unmarried couple

Do not read:

- 9 Refused

15.6 How many children less than 18 years of age live in your household?

— — Number of children
8 8 None
9 9 Refused

15.7 What is the highest grade or year of school you completed?

Interviewer, read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused

15.8 Are you currently?

Interviewer, please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- Or
- 8 Unable to work
- 9 Both a student and employed for wages

Do not read:

- 77 Don't know/not sure
- 99 Refused

15.9 Is your annual household income from all sources?

If respondent refuses at ANY income level, code '99 Refused'

Interviewer, read as appropriate:

- 04 Less than \$25,000 If "no," ask 05; if "yes," ask 03
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 If "no," code 04; if "yes," ask 02
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 If "no," code 03; if "yes," ask 01
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 If "no," code 02
- 05 Less than \$35,000 If "no," ask 06
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 If "no," ask 07
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 If "no," code 08
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read these responses:

- 77 Don't know / Not sure
- 99 Refused

15.10 About how much do you weigh without shoes?

Round fractions up

____ _ Weight
pounds
7 7 7 Don't know / Not sure
9 9 9 Refused

15.11 About how tall are you without shoes?

Round fractions down

___/___ ___ Height
ft / inches
7 7 7 Don't know / Not sure
9 9 9 Refused

15.12 What is your zip code?

___ ___ ___ ___ ___ Zip code
7 7 7 7 7 Don't know / Not sure
9 9 9 9 9 Refused

15.13 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

- 1 Yes
- 2 No
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

If Q15.13 = "Yes" more than one telephone number, continue. Otherwise, go to Q15.15

15.14 How many of these phone numbers are residential numbers?

___ Residential telephone numbers [6=6 or more]
7 Don't know / Not sure
9 Refused

15.15 Indicate sex of respondent. Ask only if necessary.

- 1 Male **[Go to next section]**
- 2 Female

If respondent 45 years old or older, go to next section.

15.16 To your knowledge, are you now pregnant?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 16: Community Involvement

16.1 How would you rate your community as a place to live?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know / not sure
- 9 Refused

16.2 How long have you lived in the community in which you now live?

- 1__ __ Time in months (101-199)
- 2__ __ Time in years (201-299)
- 7 7 7 Don't know / not sure
- 9 9 9 Refused

16.3 During the past 5 years, have you been active in a coalition or civic group which attempted to address one or more community problems?

- 1 Yes
- 2 No
- 7 Don't know / not sure
- 9 Refused

Next, I'd like you to rate your community on each of several issues as excellent, very good, good, fair, or poor.

16.4 How would you rate your community on its... Willingness of citizens to become involved in community issues?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know / not sure
- 9 Refused

16.5 (How would you rate your community on its)... Availability of effective leadership for solving community problems?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know / not sure
- 9 Refused

16.6 (How would you rate your community on its)... Cooperation and communication between community organizations, including government, civic organizations, and social agencies?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know / not sure
- 9 Refused

16.7 (How would you rate your community on its)... People sharing a sense of belonging to the community?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know / not sure
- 9 Refused

16.8 (How would you rate your community on its)... Past history of community success at problem solving?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know / not sure
- 9 Refused

16.9 (How would you rate your community on its)... Community decision making shared among community members and among community organizations?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know / not sure
- 9 Refused

16.10 (How would you rate your community on its)... Community investment of financial resources in community problem-solving?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know / not sure
- 9 Refused

16.11 (How would you rate your community on its)... Availability of people in the community with skills to solve community problems?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know / not sure
- 9 Refused

16.12 (How would you rate your community on its)... Shared values and vision among community citizens?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know / not sure
- 9 Refused

16.13 (How would you rate your community on its)... Self-honesty and ability to learn from mistakes?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know / not sure
- 9 Refused

Section 17: Disability

17.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

17.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

Include occasional use or use in certain circumstances

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

Section 18: Physical Activity

If "employed" or "self-employed" or "both student and employed for wages" to core Q15.8 employment question, continue. Otherwise go to Q18.2.

18.1 When you are at work, which of the following best describes what you do?
Would you say?

**If respondent has multiple jobs, include all jobs
[Interviewer, please read]:**

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

Or

Do not read these responses:

- 7 Don't know / Not sure
- 9 Refused

18.2 In a usual week, do you walk for at least 10 minutes at a time?

- 1 Yes
- 2 No **[Go to Q18.5]**
- 7 Don't know / Not sure **[Go to Q18.5]**
- 9 Refused **[Go to Q18.5]**

18.3 How many days per week do walk for at least 10 minutes at a time?

Number of days	__ (code 1-7)
None	88
Don't know / Not sure	77
Refused	99

18.4 On days when you walk for at least 10 minutes at a time, how much total time per day do you spend walking?

__:__	Hours and minutes per day
7 7 7	Don't know / Not sure
9 9 9	Refused

18.5 In a usual week, do you do any activities to increase muscle strength or tone, such as lifting weights, pull-ups, push-ups, or sit-ups?

1	Yes
2	No [Go to Q18.7]
7	Don't know / Not sure [Go to Q18.7]
9	Refused [Go to Q18.7]

18.6 How many days a week do you do these activities?

Number of days	__ (code 1-7)
None	88
Don't know / Not sure	77
Refused	99

We are interested in two types of physical activity - vigorous and moderate. Please answer even if you have included these activities in your previous answers. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

18.7 Now, thinking about the moderate activities you do (if employed, insert: when you are not working,) in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

1	Yes
2	No [Go to Q18.10]
7	Don't know / Not sure [Go to Q18.10]
9	Refused [Go to Q18.10]

18.8 How many days per week do you do these moderate activities for at least 10 minutes?

___ ___ Days per week

7 7 Don't know / Not sure **[Go to Q18.10]**

8 8 Do not do any moderate physical activity for at least 10 minutes at a time
[Go to Q18.10]

9 9 Refused **[Go to Q18.10]**

18.9 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

__:__ Hours and minutes per day

7 7 7 Don't know / Not sure

9 9 9 Refused

18.10 Now, thinking about the vigorous activities you do (if employed, insert: when you are not working,) in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

1 Yes

2 No **[Go to next section]**

7 Don't know / Not sure **[Go to next section]**

9 Refused **[Go to next section]**

18.11 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

___ ___ Days per week

7 7 Don't know / Not sure **[Go to next section]**

8 8 Do not do any vigorous physical activity for at least 10 minutes at a time
[Go to next section]

9 9 Refused **[Go to next section]**

18.12 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

__:__ Hours and minutes per day

7 7 7 Don't know / Not sure

9 9 9 Refused

Section 19: Barriers to Physical Activity

If Q4.1 = 2, Q18.2 = 2, Q18.5 = 2, Q18.7 = 2 and Q18.10 = 2, "no" then proceed with Q19.1, else skip to Q19.2.

19.1 What was the major reason that you did not participate in any physical activities or exercises during the past month?

- 1 Didn't want to / don't like it
- 2 Not enough time / too busy
- 3 Too lazy
- 4 Don't need to
- 5 No place to exercise / no walking/running/biking trails
- 6 Not enough money / can't afford to
- 7 Safety issues
- 8 Short-term injury / illness
- 9 Long-term injury / illness / disability
- 10 Pregnancy
- 11 Other (specify: _____)
- 77 Don't know / not sure
- 99 Refused

19.2 Was there anything that prevented you from participating in more physical activity or exercises during the past month?

[Analysis Note: Other category (19.2=9) recoded after data collection due to large number of specific responses. This created categories "11" through "16".]

[If yes, what was it?]

- 1 Not enough time / too busy
- 2 No place to exercise / no walking/running/biking trails
- 3 Safety issues
- 4 Short-term injury / illness
- 5 Long-term injury / illness / disability
- 6 Pregnancy
- 7 Don't want to
- 8 Don't need to/Exercise enough already
- 9 Other (specify:_____)
- 10 No
- 11 Back Problems
- 12 Heart Problems
- 13 Knee Problems
- 14 Weather/Time of day
- 15 Age/Too old

- 16 Other Illnesses/Injuries/Health Problems
- 77 Don't know / not sure
- 99 Refused

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in Cowley County. Thank you very much for your time and cooperation.

Langqst. **INTERVIEWER:** What language was the survey conducted in?

- 1. English
- 2. Spanish